

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Glen Thomas			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Governor's Office		
POSITION Secretary			CB/ID NUMBER			DIVISION OR BUREAU Office of the Secretary of Education		
RESIDENCE ADDRESS 1121 L Street #600			HEADQUARTERS ADDRESS 1121 L Street #600			INDEX NUMBER 131		
CITY Sacramento			STATE CA			ZIP CODE 95814		
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(1) MONTH/YEAR July 09		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
22	1200	Sacto/San Diego				18.00								18.00
23	2200	San Diego/Sacto	0.00	6.00	10.00	15.75				18.00				49.75
31	0500	Sacto/Orange/Sacto								9.00				9.00
	1400													
(10) SUBTOTALS			0.00	6.00	10.00	33.75				27.00				76.75

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 76.75

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7/22 - 23 /09 Speak at the Latino Politics and Education - The impact it has on Latino Students

Conference, San Diego, CA

7/31/09 Governor's Announcement of Assistance of CA National Guard members

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle expenses.

CLAIMANT'S SIGNATURE

DATE

8-3-09

(15.) SIGN

DATE

8/3/09